Howard Berry
Hearing Statement
September 17, 2013

My name is Howard Berry. I am the father of the late SSG Joshua Berry. He was wounded both physically and mentally as a result of the shooting at Fort Hood on 5 Nov 2009. My son suffered terribly from PTSD. He chose to end his life on 13 February 2013. I am not an expert on PTSD. I am however an expert on the pain that this disorder places on the surviving family members of soldiers who do not respond to treatment, soldiers who look to suicide as the solution to end their suffering.

I am left with a lot of questions, many that will only be answered by the passage of time. Please bear with me as I attempt to share with you some of the experiences my son had while being treated for PTSD. I will also share some of the changes I believe will give other soldiers a better chance to find success in their recovery.

Soldiers suffering from PTSD have skill sets that have been compromised. The simple things that we encounter in our day to day lives were extremely difficult, if not impossible, for my son. He had tremendous difficulty adjusting to civilian life. We do a marvelous job taking a civilian and turning him into a soldier. We do a lousy job helping that soldier make the transition back to civilian life. My son was one of those who could not successfully return to civilian life, as he was given limited training to transition, which was combined with the damage done to his skill sets.

The invitation to this symposium listed four topics for discussion, and I will attempt to share my thoughts on each.

(1) The impact of patient waiting and travel times on veterans' ability to receive mental health care and actions needed to increase the accessibility and availability of mental health care services for veterans.

Josh travelled by car to get to his appointments. During his treatment, he had valid concerns about travel time and fuel cost. He had to consider how long it would take to find a parking space at the Cincinnati VA, and if he would have enough gas left to go home after his appointment. Josh was upset about the hassles involved in going to the Cincinnati VA, up to and including having to answer the same questions again and again, resulting in reliving the horror he experienced at Fort Hood. He saw no benefit in answering the same questions repeatedly.

Josh was even involved in an accident one afternoon when leaving the VA to go home. This was another excuse that he would give to *not* go to the VA. It was just one more bad experience, added to a list of bad experiences, to, in his mind, deter him from seeking treatment. His skillsets were so broken that he also failed to maintain auto insurance coverage, which created yet another financial obstacle. When I asked him why he had not paid his bills, I discovered that he was not opening mail, period. He said he only got bad news whenever he did, so he didn't see the point.

I am sure Josh's story of broken skillsets is similar to the stories of other soldiers. It must be difficult to admit the need for help. Our goal is to find a way to improve their skillsets, and their ability to seek treatment for their injuries.

One way to improve the accessibility of treatment is to consider the needs of the soldiers themselves. A lot of folks are parents. How many appointments are missed, or aren't even scheduled, because vets cannot find someone to watch their children? Is there childcare available on site for veterans' children while they are receiving healthcare?

Many of these soldiers are busy people. Transitioning into life as a civilian includes taking on financial and family responsibilities. Are appointments currently consolidated, so the veteran makes one trip instead of several to get treatment? For instance, can a vet schedule appointments back to back to see a physical therapist and a psychiatrist?

Many soldiers who suffer from PTSD also miss appointments. If they stop calling and stop coming in, does anyone take notice? Do they fall through the cracks?

I believe taking a battle buddy approach to making sure their fellow soldiers are OK will greatly improve the care they ultimately receive. This will also work well in rural areas where vets have limited access to care. Just talking with another person makes a world of difference. When my son enlisted, he told me that if something bad happened to him, someone had his back. After returning from deployment and trying to transition to civilian life, I asked him the same question. For him the answer was *no*. I could see and hear the pain he felt before he died. He felt that his country had wiped its feet on him. He felt that he had gone from a hero to a zero. I'm sure a battle buddy/mentor would have given him a better chance at recovering. I bet lot of soldiers returning home would jump at the chance to continue to be of service to their brothers and sisters in arms.

Essentially, there needs to be a mentoring program, a pairing of a vet with a similarly ranked veteran. Consider the Alcoholics Anonymous concept of a sponsor/sponsee relationship. They meet as equals, the sponsor listening to the sponsee and sharing their experience, strength and hope with him, simply showing what he did to recover. I know this works. I cannot explain why. I do know we are only as sick as our secrets. I wish Josh had someone to share his secrets with; knowing that he wouldn't be judged or looked down upon would have helped him.

In addition to a sponsor, there needs to be support groups where veterans can freely speak to one another anonymously, removing the fears and stigma that a person with PTSD suffers from.

Furthermore, there needs to be a review of practices in all VA locations. Are the standards of care used to treat PTSD affected soldiers the same in all 50 states? If not, why? Are successful programs copied and less effective ones phased out? Do VA facilities across our country freely communicate with one another in a timely and consistent manner? What programs will result in a reduction of the suicide rate? We must determine what works and what doesn't work. After all, the goal is to reduce the number of service men and women who take their own lives when they feel they have no other option.

Another area in need of improvement is the early identification of warning signs in soldiers who are likely to take their lives due to the severity of their PTSD. We need to identify these brittle soldiers as soon as possible. This group of combat soldiers has a disproportionate suicide rate when compared to other groups of servicemen and women. Those who need additional attention, due to the severity of their PTSD, should subsequently receive a higher level of care. Can resources be allocated to provide for their needs?

Although accessibility, timeliness, and availability are important, continuity is just as crucial. Having doctors in residency treating vets with PTSD inhibits the development of strong doctor/patient relationships. A vet may begin to build a connection with a doctor, someone he is starting to trust, only to have that person replaced on the next visit. Having to start over from square one only forces our vets to relive painful experiences. How many times would you be willing to tell your story before it felt futile? I have been telling my son's story for over six months now. I know how it feels.

(2) The effect of stigma on veterans' willingness to seek mental health care and actions needed to eliminate it in the veteran community.

The stigma placed on our veterans starts in the military. My son was trained to suck it up and roll on, as I'm sure countless others have and are currently taught to do. If there is not bone or blood showing, you don't speak up, as it is looked on as a sign of weakness. Josh was told on one particular occasion by a superior that he was nothing but an old, broken down NCO, who needed to get out of this man's army. This was after he had experienced the horror at Fort Hood and was getting treatment for his PTSD. I know he felt that he was betrayed by some of the people put in place to help him.

Why don't we begin by calling PTSD what it is? It is a wound. We need to give veterans a reason to hold their heads high and not be ashamed by the perceived weakness associated with PTSD.

My son felt that he was as expendable as a broken rifle or a worn out pair of boots. I'm sure there are other veterans who are silently suffering and feel the same way. I believe that one way to help soldiers suffering from PTSD sustained in combat is to award them with a Purple Heart. They should be given the same considerations as servicemen and women who have shed blood for our country. This would help to even out the playing field in civilian life. Giving them the same benefits, including points towards employment, education and healthcare would be proof that their country acknowledges the sacrifices they have made to protect others' freedom. Their injuries merit equal treatment.

I know there is a lot of resistance to this. I have been disappointed to hear from older veterans who are reluctant to support this change. They feel their sacrifice will be diluted by the inclusion of those with PTSD. I thought soldiers were trained to look out for one another. Why aren't they included in this Band of Brothers?

If Purple Hearts are not awarded, then Congress needs to step up and create a separate award, one with equal benefits, one that will give these vets the recognition they deserve, one that honors the sacrifice they have made. Give these veterans a reason to hold their heads up high. It is the right thing to do.

I recently had a discussion with a director where I work. I gave him a scenario: "you have one position to fill with two equally qualified candidates. One of them is a veteran with a Purple Heart. Who would you hire?" He responded with, "The veteran." I then asked him to consider the same scenario, only this time, the veteran has PTSD. He did not immediately respond. I apologized for putting him on the spot. After all, he has an obligation to protect the company's interests, including the other employees' wellbeing and safety. If society puts these veterans at a disadvantage, it is no wonder that many don't seek treatment for PTSD. I'll bet many do not take their medication as directed or at all, fearing this may have an impact on their employability if their medication is discovered on a drug screen.

(3) The role of faith-based and community providers in assisting veterans in need and actions needed to increase and improve meaningful, collaborative partnerships between VA and these critical community resources.

One way we can support these veterans is through media coverage. Our society is driven by what we hear and see. Positive media coverage, starting from within the military, will help to remove the stigma associated with PTSD. Sharing the successes of programs that have proven to be effective as well as success stories of soldiers who have transitioned to civilian life will show the nation that vets with PTSD deserve a fair shake.

We must strive to create connections, emotional bonds, with the rest of Americans, showing them that the veterans in their community are just like them. The difference is that they stand up in the face of danger and fight for our freedom. PTSD should not be a reason for fear in our society. Soldiers being treated for PTSD should be looked up to, not down on. We need to show our nation that they are not broken by the violence they have seen. We need to show them that they have worth and are included in the pursuit of happiness, something that is currently out of reach for many of them. The media can help create a bridge to bring churches and non-profit organizations together to support our vets. By including stories of success in our media outlets, we can change how society looks at PTSD affected veterans.

I know I could not continue to speak for my son and others like him without a deep sense of faith. If a guy like me can learn how to do this, I believe anyone can.

(4) The role of family in mental health care treatment and actions needed to increase family awareness, involvement, and integration in mental health care services.

Families are directly and indirectly affected by soldiers returning home with PTSD. The anger, resentments and hopelessness carried by these returning vets are often carried over to civilian life. If nothing changes, the family suffers their own version of PTSD. We love them, but we don't understand what to do. We don't want to make things worse, yet we have no solution to work towards. We learn to suffer as silently as the veteran.

Neither I nor any of my family members were ever asked if we wanted to learn how to help someone with PTSD. I could not communicate freely with anyone regarding my son's care due the HIPAA laws. These laws were enacted to protect the individual. However, I see compliance to this law as a major contributing factor in the death of my son.

I also feel the law is currently used to protect the agency, not the individual. Letters that were written on my son's behalf could not be used by me without putting those who authored them at risk. The bottom line is this: if I choose to use them, the people responsible for authoring them would be dismissed. I don't understand the reasoning behind this. It must be fear. If more administrators spend less time covering their backsides and use a common sense approach instead, more would be accomplished.

My son felt that the PTSD he suffered from was acquired through such a unique experience, the shooting at Fort Hood, that no one could ever understand. He could not focus on any of the similarities between his experiences and those of other soldiers—all he could see were the differences. In his eyes, he could have managed the PTSD from his tour in Afghanistan, but that going eye to eye with a superior officer who was shooting to kill amplified his trauma to another level, a terminal uniqueness that grew from the fact that his injuries were sustained in the center of a military installation, and *not* in a war zone.

I am sure that there are other soldiers who feel just like Josh did, that their unique set of circumstances can't be understood, that their experiences are too traumatic for others to comprehend. And to a degree, we *don't* understand because we have not really tried to. But we have to find a way to break down these walls. We have to convince them that we *want* to understand, that they are not alone as we support them in their recovery. We need to make these soldiers feel like they're a part of the solution, and not a part of the problem. Their ability to succeed begins with creating a circle of care that includes the military, the VA, the family, and our society as a whole.

Families need the opportunity to work with the medical professionals, social organizations, both religious and non-profit. PTSD affected soldiers need to see support in every direction they look. If we work together to make their burdens lighter, we have a chance to have the kind of country my son fought for.

The suicide rate is still rising among our veterans. I hope my speaking to you today was not a waste of our time. I hope it is the beginning of positive changes. After all, we are all responsible.